

3B: Reproductive and Maternal/Child Health Supplemental Workbook

Project Stage Milestones	Completion Deadline (Demonstration Year, Quarter)	ACH Approach for Accomplishing Milestones
Stage 1: Planning		
Assess current state capacity to effectively focus on the need for high-quality reproductive and maternal and child health care	DY 2, Q2	The assessment of current state capacity will be a continuation of data collection and analysis CCAA has engaged in throughout project selection and development. CORE will continue to provide analytical data support. The Reproductive and Maternal & Child Health Work Group will review current state data and provide input into the final report. An assessment of current state capacities will be completed to avoid duplicating efforts and instead build upon existing assets and resources to the greatest extent possible. This includes an assessment of existing home visiting programs in our region. Again, this current state assessment will be reviewed across different project areas to develop maximum leverage and avoid duplication. In the implementation plan, the service delivery mode will be clearly articulated based on the selected target population/s. We will complete final analysis by end of Q1 in DY2.
Identify how strategies for Domain I focus areas – Systems for Population Health Management, Workforce, Value-based Payment – will support project	DY 2, Q2	<p>1) Systems for Population Health Management: We will need to explore if and how we can connect birth certificate filings with the Pathways software to facilitate outreach to eligible mothers and families. Additionally, we will need to work with providers and EHR systems to ensure they can track pregnancy intention counseling for both women and men. Furthermore, we need to assess which technology platforms in the region produce the most referrals to home visiting programs. Lastly, if we’re expanding service sites for certain interventions (i.e., increasing access to well child visits), then we need to develop a plan for ensuring those service sites have access to billing and population health management software.</p> <p>2) Workforce: Initially, the project will be supported through investments in the training of partnering providers in evidence-based methods/approaches practice, including training on MCH home visiting models, trauma informed practices, one key question, LARC training, Stony Brook Children’s Hospital Enriched Medical Home Intervention (EMHI), Bright Futures and gender neutral pregnancy intention counseling. Given the lack of provider capacity in many parts of our region, we will also need to make broader investments in regional workforce development, including exploring shared workforce models and telehealth. Other investments benefitting the program include:</p>

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		<p>transformation coaching r.e. reproductive health, training in-home visiting models, care coordination training. These investments will support the providers to be more successful for implementation and help men, women, and children be healthier.</p> <p>3) Value-based purchasing: Given the importance of MCOs in funding clinical care for Medicaid beneficiaries, CPAA has included MCO representatives in all stages of project selection and planning, including project workgroups. We will continue to do so. This ensures that our project design and implementation aligns well with current and emerging VBP approaches, which is crucial for the project’s long-term sustainability. Since HCA contracts with MCOs, working closely with HCA will be essential. CPAA will work with the statewide VBP Task Force to assess how VBP contracts can support reproductive, maternal and child health and share insights gained on evolving VBP opportunities with partnering providers. This will allow partnering providers to assess VBP options and prepare their organizations for value-based care delivery. CPAA's efforts to support provider movement to value-based care will not be specific to this project, but support all project areas, including maternal and child health. Financial incentives for prevention and high quality care can potentially overcome political barriers to change.</p>
<p>Finalize evidence-based approach(es) and specific target population(s) informed by regional health needs</p>	<p>DY 2, Q2</p>	<p>The Project Work group has completed its selection of evidence-based approaches. All approaches listed in the Transformation Project toolkit will be pursued. We will make a final decision about the initial target population(s) based on the current capacity assessment and environmental scan. We anticipate completing this step in Q1 of DY2.</p>
<p>Identify, recruit, and secure formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.</p>	<p>DY 2, Q2</p>	<p>CPAA has already identified key clinical partnering providers for this project using (1) the well-established network of partnerships with a broad range of clinical providers through CHOICE Regional Health Network's health improvement projects; (2) responses to a Request for Qualifications (RFQ) that was issued this summer; and (3) an analysis of the main Medicaid providers in the CPAA region by our strategic data analytics partner, CORE. In the coming weeks, we will be systematically reaching out to those main Medicaid providers that have not yet engaged in project planning to introduce the project and encourage participation in project design and implementation planning. Concurrently, we will reach out to social service providers in our region whose participation is vital for successful maternal and child health care. We will use information gathered from our regional</p>

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	<p>asset mapping (see above) to identify potential partnering providers. The recruitment of specific partnering providers - both clinical and community-based - will be guided by our final decision about the target population(s) and sub-regions for this project. In order to secure formal commitments for participation from implementation partners, CPAA will define the specific scope of work for each partnering provider (what and where will investments be made); reporting requirements of partnering providers (what measures and how frequently will reports be made); and payment of partnering providers (how much and when payment occurs). Partnering providers will only commit to participating in the Transformation if they are clear on expectations and can assess the risks and rewards of their participation. CPAA will work with its Finance Committee and TA partners (e.g., Health Management Associates, Manatt, etc.) to establish the necessary payment framework. CPAA will work with its project work group to clarify the scope of work of prospective partnering providers. CPAA will utilize its Support Team to assess partnering providers' scope of work across project areas. CPAA looks at the Transformation projects as an integrated project portfolio; hence, our partnering providers will be asked to engage in integrated project initiatives, rather than discreet, stand-alone projects. We are confident that partnering providers will be able to make a firm commitment to participate in the Transformation once they have a full understanding of their implementation role across the entire project portfolio. These commitments will be memorialized in written agreements/contracts.</p>
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